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Div of Youth & Adult Health

MASSACHUSETTS GUIDELINES AND STANDARDS
FOR THE CERTIFICATION OF
BATTERERS' TREATMENT PROGRAMS

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INTRODUCTION

Background

The enactment of St. 1990, c.403, provided significant amendments to M.G.L. c.209A, the "Abuse Prevention Act." Effective January 31, 1991, the amendments extended the provisions of the law by expanding the definition of family and household members to include all blood relatives, in-laws, or step children, as well as to those engaged in substantive dating relationships. In order to end the cycles of recurring domestic violence, new statutory provisions (Section 3 of G.L. c.209A) permit a judge issuing a c.209A order to "recommend to the defendant that the defendant attend a recognized batterers' treatment program." Under section 3, justices of the District Court, Boston Municipal Court, Probate & Family Court, and the Superior Court Departments may make this recommendation for treatment. Furthermore, Section 7 permits a sentencing judge in those courts noted above under section 3 with criminal jurisdiction (all except Probate & Family Court), "in addition to any other penalty" to require a defendant with no prior record of violent crime to attend a batterers' treatment program certified by the Department of Public Health, after an evaluation by such a program.

Pursuant to the requirement that such programs to which court referrals are made be certified, Section 16 of the statute set up a commission, established by Chief Administrative Justice Arthur M. Mason, to develop "guidelines and standards for the certification of batterers' treatment programs by the department of public health." Chaired by District Court Department Justice Austin T. Philbin, the commission commenced work on the development of the guidelines and standards which follow in March of 1991. The language the statute required that the commission's work be completed by July 31, 1991, and the Department of Public Health thereafter utilize the standards to certify and monitor batterers' treatment programs.

Commission Membership

Hon. Austin T. Philbin
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Chairperson

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Emerge Inc.

Stephen T. Bocko
Probation Officer
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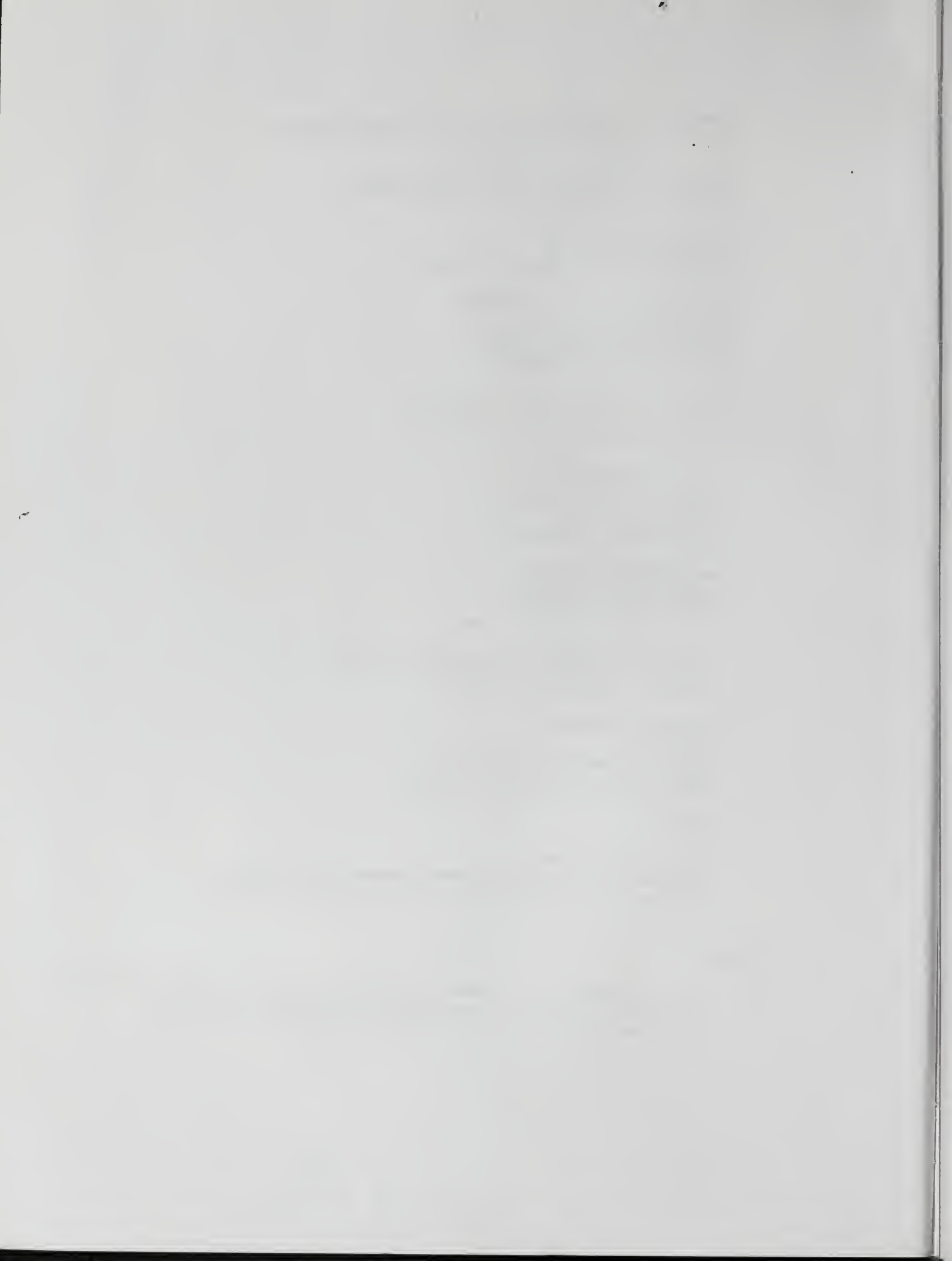
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Purpose

The purpose of these guidelines is to set minimum standards by which treatment programs for court referred batterers will operate and be evaluated.



1.0 PROGRAM CERTIFICATION

Pursuant to St. 1990, c.403 §16, "the department of public health shall certify and monitor batterers' treatment programs according to the standards established and promulgated by the Commission."

The Department of Public Health (DPH) will certify Batterer Treatment Programs for a period of 2 years to begin January 1, 1992 and end December 31, 1993. A program monitoring visit will occur within 6 months of certification.

1.1 Review and Evaluation

Proposals for certification will be reviewed and evaluated in accordance with the Standards and Guidelines established by the Commission and included in this RFC (request for certification). The review committee will consist of law enforcement, criminal justice, battered women services and DPH staff.

1.2 Appeal Process

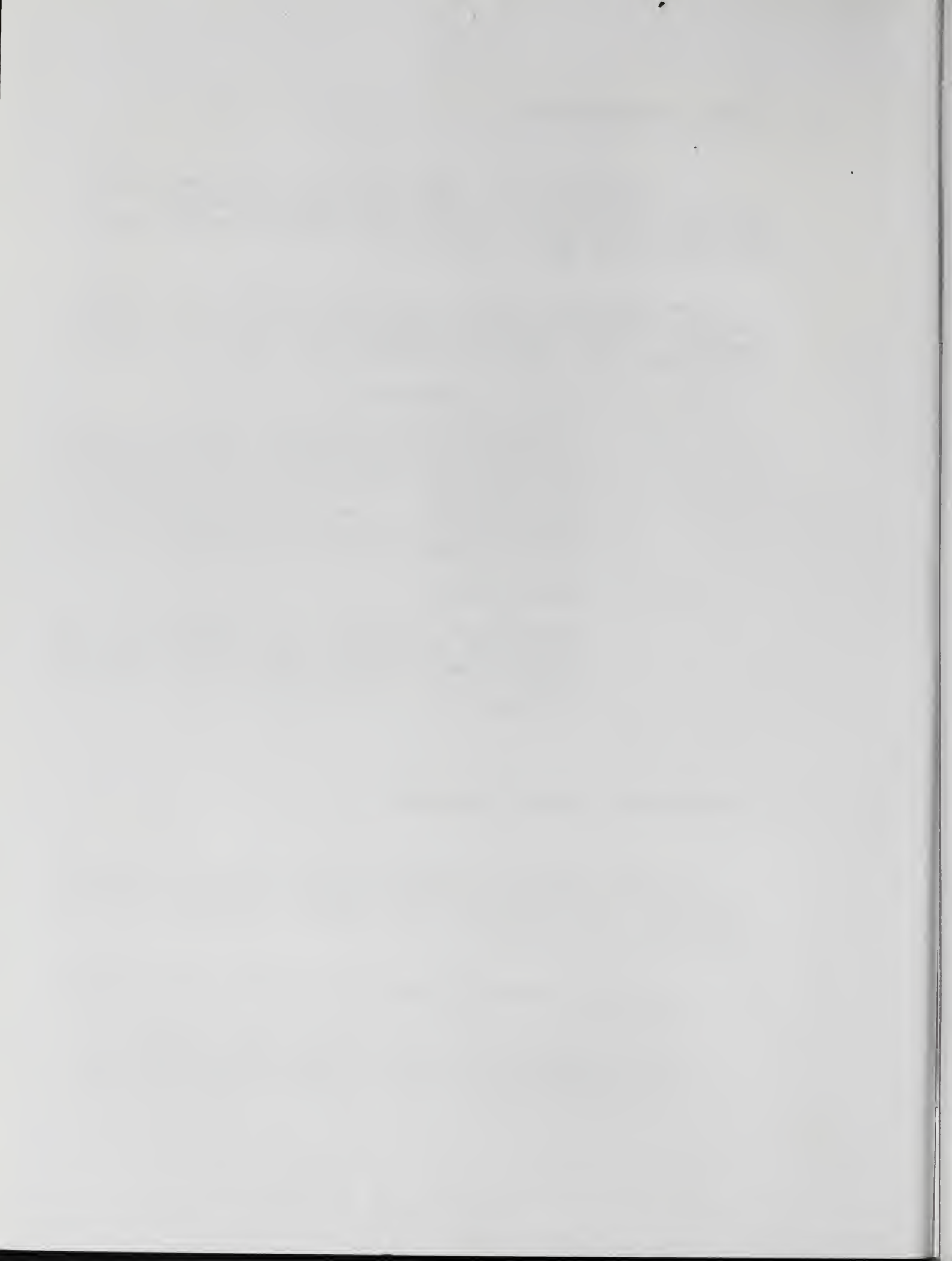
Any provider aggrieved by a decision of the Department may appeal the decision to the Commissioner of Public Health or his designee within ten (10) calendar days of notice of the decision.

2.0 DEFINITION OF DOMESTIC VIOLENCE

For the purpose of these Standards, and as a reference for those who provide treatment to perpetrators of domestic violence, the definition of domestic violence shall be understood as follows:

2.1 Abuse is a pattern of coercive control directed toward the victim.

Abuse is behavior that physically harms, arouses fear or prevents a victim from doing what he/she wishes. Relationships in which one partner uses assault and



coercion can be found among married and unmarried heterosexuals, lesbians and gay males.

It is the intent of abusive behavior to undermine the will of the victim and to substitute the will of the perpetrator for the will of the victim. Perpetrators batter victims to achieve and maintain power over their victims.

It is a myth that batterers resort to violence when they lose control. In fact, abuse is deliberate. Perpetrators select the targets of their abuse. They often choose the circumstances of their violence including the amount of injury inflicted by their assaults.

2.2 Abuse may consist of one, or a combination of two or more of the following behavioral elements:

- a. physical assault
- b. verbal and emotional forms of assault and control such as intimidation, coercion, threats, isolation or degradation
- c. economic forms of control such as withholding or denying access to money or other basic resources, sabotaging employment, housing or educational opportunities
- d. sexual assault or coercion
- e. social isolation such as possessiveness, jealousy, denying communication with friends, prohibiting access to transportation and telephone.
- f. failure to comply with immigration requirements, thereby making immigrant spouse unable to work and vulnerable to deportation and loss of child custody.

2.3 There is no behavior on the part of the victim which causes or excuses abuse. The perpetrator bears sole responsibility for his or her actions.

2.4 Substance abuse or psychopathology do not diminish responsibility for violence.

In your application, please:

1-page limit*

- 1) Describe your program's philosophy on the origins of domestic violence, ways in which domestic violence manifests itself, and who bears responsibility for the violence.
-

3.0 INTAKE AND EVALUATION

The standards that follow are the minimum to which a program must adhere to receive court-referred clients.

3.1 Intake

The treatment provider must have preliminary information prior to evaluation to determine the perpetrator's suitability for the program.

The treatment provider shall obtain the following information from the perpetrator and/or the probation department at intake:

- a. Name and address of the perpetrator
- b. Social security number
- c. Medical insurance
- d. Employer
- e. Partner and/or victim's name
- f. Copy of criminal record
- g. A history of substance abuse
- h. A history of any psychiatric illness including but not limited to threat or ideation of homicide or suicide, history of depression, paranoia
- i. A history of the perpetrator's infliction of abuse, as defined in Section 2.0
- j. Police reports (41 M.G.L. 98G), including

* all page limits noted are exclusive of attachments

any history of prior calls to the police department if available

- k. The perpetrator's possession of, access to, and use of weapons. The use of weapons is defined as either the of threat or the actual use against the victim
- l. The degree of the perpetrator's possessiveness toward the victim, including any periods of isolation forced on the victim by the perpetrator
- m. Compliance with court-ordered child support and/or alimony payments

A history and profile of the perpetrator's violent behavior should be developed, based on descriptions from criminal justice agencies, the victim(s), and other treatment providers. Pursuant to M.G.L. c.209A §7, the program shall indicate to the court whether the perpetrator is amenable to treatment.

The treatment provider shall make every effort to initiate treatment and evaluation within three weeks from the perpetrator's contact with the provider.

Treatment providers must report to the court any failure by a referred perpetrator to respond to the program within one month following the court referral.

In your application, please:

1-page limit

- 1) Describe your intake process and attach any relevant intake forms.
- 2) Indicate the approximate length of time between referral and intake, intake and evaluation, and evaluation and treatment. Indicate if these times differ for indigent perpetrators.
- 3) Describe your process and timeframe for obtaining the necessary records of the perpetrator's criminal and psychiatric histories.

3.2 Evaluation Process

These guidelines presuppose and mandate treatment for

violent behavior. Treatment for substance abuse and other problems which may be deemed necessary as a part of a total treatment program do not replace treatment for domestic violence. It remains clear that intervention may require more than confronting and treating violent behavior and may include referrals to develop social skills, self esteem, employment training or parenting skills.

- a. The evaluation portion of the program shall explore with the perpetrator a number of areas which will further determine whether the perpetrator meets the acceptance criteria for intervention services or whether other referrals are more immediately appropriate.

In determining a perpetrator's suitability for intervention services, the program must evaluate, at a minimum, and through a broad-based social history questionnaire, the perpetrator's employment, education, substance abuse, family and mental health histories; problems in parenting, and history of violence and abuse toward adults and children.

- b. The treatment provider shall have the means to either treat or refer the perpetrator if the perpetrator shows a need in any of the areas outlined in section 5.2.a.
- c. The program must have linkages with other service providers, so that appropriate, allied referrals can be made. Participation in, and seriousness about allied program participation shall be evaluated as a part of the intake process.
- d. The program must evaluate the perpetrator's lethality, with a particular responsibility to warn victims deemed to be at high risk. All victims must be warned that any violence could be lethal, and that lethality or continued violence is impossible to predict accurately.
- e. The evaluation process should involve no less than one individual session nor more than eight weeks in a rolling intake group. The process shall concentrate on the perpetrator's suitability for group treatment. Data to be considered are the perpetrator's:

1. attendance at sessions
 2. cooperation with rules
 3. participation
 4. freedom from violence or abusive behavior
 5. compliance with remaining free of alcohol and other drugs for a 24-hour period before and after sessions
- f. An agreement specifying the responsibilities of both the treatment provider and the perpetrator shall be signed once it is determined that the client is suitable for the treatment program.
- The agreement shall, at a minimum, reflect:
1. duration of counseling
 2. agreement as to the payment of the fee
 3. an agreement to stop all forms of violence
 4. an agreement to refrain from drug and alcohol use for 24 hours before and after attendance at meetings
 5. appropriate waivers of confidentiality
- g. The intake and evaluation phase shall take no longer than 3 weeks. At the conclusion of the evaluation process, the program will provide the court (pursuant to M.G.L. c.209A §7) with an evaluation as to the perpetrator's history and severity of abuse, history of weapons used, history of drug abuse including alcohol, suitability for treatment, and willingness to accept any conditions of acceptance into the program.



In your application, please:

2-page limit

- 1) Describe how you evaluate a perpetrator's suitability for treatment.
 - 2) Describe how you evaluate the perpetrator's lethality.
 - 3) Describe your process for evaluating the perpetrator's need for substance abuse treatment and other services.
 - 4) Attach a copy of your basic agreement form. Describe how you individualize these agreements, including the setting of conditions for acceptance into treatment and other areas that may be addressed. Give examples of conditions that might be set. Attach anonymous samples of individualized agreements if possible.
 - 5) Outline your process for notifying the court of the perpetrator's suitability for treatment. Attach any relevant forms you may use.
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4.0 INTERVENTION METHODOLOGY

Program intervention methodology shall primarily consist of group sessions, the purpose of which is to educate the perpetrator. The goals of the education and treatment program shall be the cessation of coercive, dominating and violent behavior, and the safety of the victim and the children, if any.

4.1 Specialized Groups

- a. Composition of the groups shall be restricted to perpetrators of domestic abuse who are of the same gender.
- b. A perpetrator shall attend a program of no fewer than 40 hours, each individual session of which shall be no less than 1-1/2 hours (90 minutes) in length. The intake/evaluation phases of the treatment program shall be no longer



than eight sessions in duration, and shall be considered a component of the 40-hour program.

- c. Groups shall, at some point, provide ample opportunity for participation in discussions, and for feedback to the perpetrator.
- d. It is strongly recommended that groups not exceed 15 participants.
- e. The program has the responsibility to evaluate whether any client should be required to engage in drug and alcohol, mental health or other treatment services while the individual is a participant in the program.
- f. The program has the responsibility to impose any reasonable conditions on participation in intervention services that it deems appropriate.

4.2

Educational Component

The curriculum of the educational component shall minimally include:

- a. Identification, confrontation and change of abusive and controlling behaviors toward victims, including partners and children. All forms of physical abuse and intimidation shall be identified and challenged. Specific attention to emotional, mental, sexual and economic abuse shall also be included.
- b. Identification and discussion of the effects of violence and abuse on victims, including children who witness such abuse. The short- and long-term effects of violence on spouses and children shall be enumerated. Clients shall be expected to take responsibility for creating these consequences; the exercises shall build empathy and take the perspective of the victims.
- c. Confrontation of excuses for abuse. This shall include a philosophical stance that abuse is solely the responsibility and choice of the perpetrator; abuse is never justified.
- d. Identification and practice of cooperative and nonabusive forms of communication. Perpetrators



are expected to learn nonabusive and responsible ways of treating their partners and children.

- e. Identification of cultural and social influences that contribute to abusive behavior, without allowing these issues to excuse or justify individual responsibility for abuse.

4.3 Participation

Mandatory participation by the perpetrator in the program shall not extend beyond the perpetrator's term of probation.

4.4 Individual Counseling

It is recognized that a limited number of perpetrators may need individual counseling, (eg. adolescent batterers) who should not participate in an adult group. This counseling shall focus on the violence and other abuse perpetrated by the offender.

4.5 Couples Counseling

Any form of couples or conjoint counseling or marriage enhancement weekends or groups is inappropriate when used as the sole method of treatment. Such methods may be used as an adjunct to treatment only after the cessation of violence and coercion and when the victim is not fearful of the perpetrator.

4.6 Inappropriate Methods

Theories or methods which in any way bring the victim into the circle of responsibility for the batterer's behavior or diminish the batterer's responsibility for the violence are inappropriate. While the following methods may, from time to time, be incorporated into a treatment model that focuses on power and control in relationships, they are inadequate and inappropriate if they stand alone as the focus of treatment.



- a) psychodynamic individual or group therapy which centers causality of the violence in the past
- b) communication enhancement or anger management techniques which lay primary causality on anger
- c) systems theory approaches which treat the violence as a mutually circular process, blaming the victim as well as the perpetrator
- d) addiction counseling models which identify the violence as an addiction and the victim and children as enabling or codependent in the violent drama
- e) family therapy or counseling which places the responsibility for adult behavior on the children
- f) gradual containment and de-escalation of violence
- g) theories or techniques which identify poor impulse control as the primary cause of the violence
- h) methods which identify psychopathology on either parties' part as a primary cause of violence
- i) fair fighting techniques, getting in touch with emotions or alternatives to violence.

In your application, please:

4-page limit

- 1) State the goals of and describe the methods used in the program's intervention component.
 - 2) Describe groups available to batterers; length of groups (i.e, number of hours per week and number of weeks); number of participants per group. Please attach copies of any guidelines for group participation.
 - 3) Describe the content of education for batterers. Attach curriculum outline.
 - 4) Discuss how the program's education curriculum approaches 1 of these 2 situations:
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- 1) Abuser says behavior is based on childhood experiences of violence from parents.
 - 2) Abuser claims to be interested in and willing to change their behavior but partner's nagging makes it difficult to change.
 - 5) Describe actual or proposed methods of developing culturally appropriate services for racial, ethnic, linguistic minorities and refugee populations.
 - 6) Describe your referral process for additional services.
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5.0 DISCHARGE CRITERIA

Programs shall have clearly defined discharge criteria incorporated in the agreement signed by the perpetrator and the program at the intake process.

5.1 The minimum requirements for successful program completion shall include:

- a. The perpetrator has completed the program according to the treatment contract;
- b. The perpetrator has accepted responsibility for his or her violent behavior;
- c. The perpetrator has completed, or will continue in, an allied program, if required; and
- d. The perpetrator has met the financial obligation for the treatment.

5.2 Program responsibilities upon completion:

- a. The program shall notify the referring court of the perpetrator's attendance and history of abuse while in the program once all criteria have been met.

- b. The victim shall be notified of program completion by the perpetrator unless the victim requests not be informed. The notification shall indicate only that perpetrator has complied with contractual and court requirement. The program shall advise the victim that successful completion of batterer's treatment does not guarantee that the perpetrator will not return to violence.

5.3 Unsuccessful Discharge (Termination)

- a. A perpetrator shall be terminated from the program upon violation of a contractual provision, such as failure to attend 3 or more scheduled treatment sessions without a valid excuse or the use of illegal drugs or excessive use of alcohol which prevents receptivity to treatment for violence.
- b. A perpetrator shall be terminated, suspended, returned to a beginner group, or put on notice that one of the preceding could occur if the perpetrator exhibits imminent and substantial threat of physical harm to the victim, other clients, or program personnel or property.

5.4 Program responsibilities upon termination:

- a. In criminal cases, the sentencing court shall be notified of the violation of contracted provisions which may result in further court action under c.209A §8.
- b. In civil cases if the referral of the perpetrator is under c.209A §3 (1), the referring court (District, Boston Municipal, Probate & Family, Superior Courts) must be notified.
- c. The victim shall be notified.
- d. The program shall have a written policy available to the court regarding the program's responsibility for accepting perpetrators who have failed to complete a program or are reentered to the program. As a part of the policy, the program shall be required to solicit input from the victim.

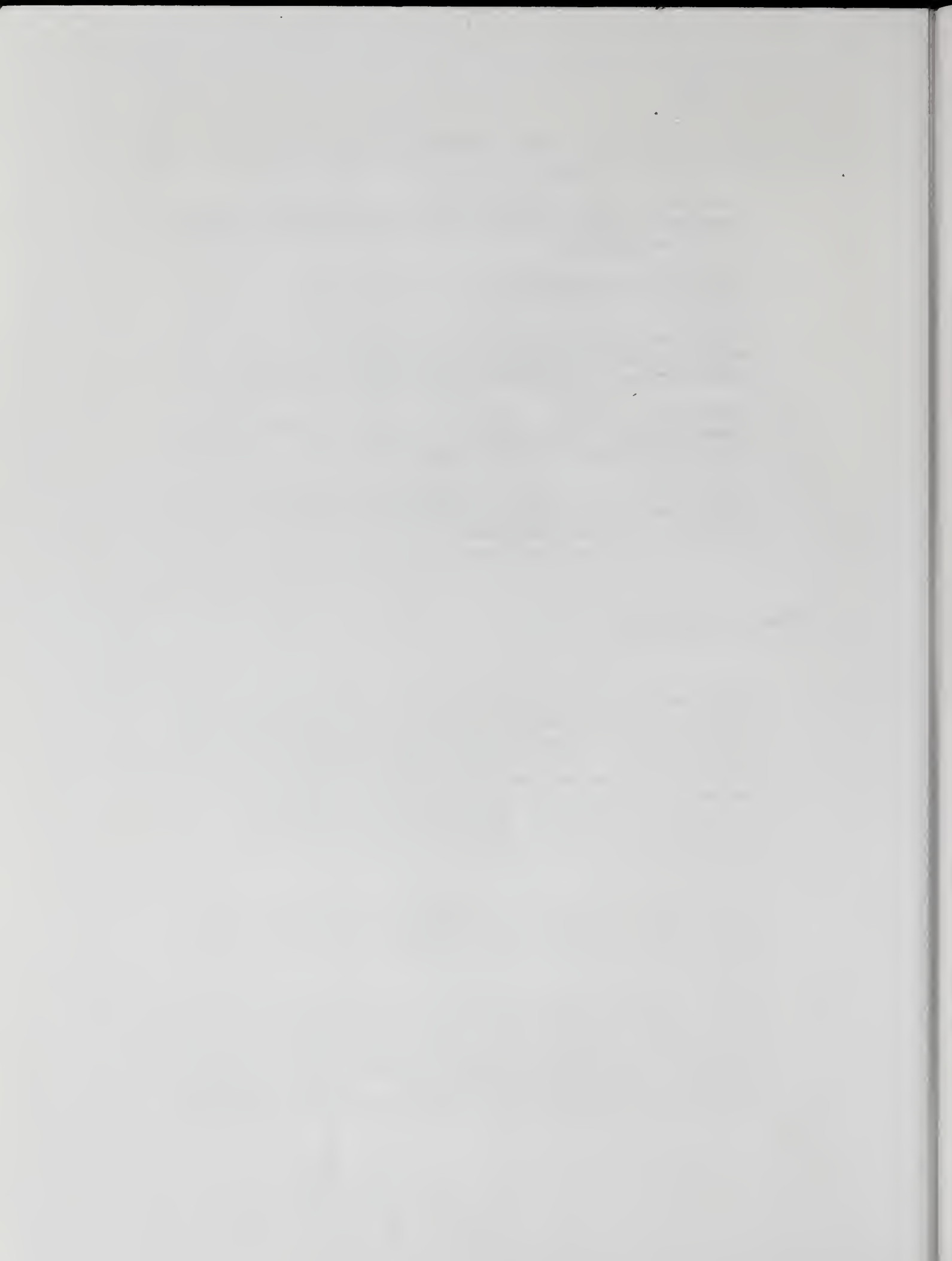


In your application, please:

- 1) Describe your criteria for successful program completion and indicate how these are communicated to perpetrators.
 - 2) Describe your process for communicating successful completion to the referring court and the victim.
 - 3) Describe your criteria for termination (including any intermediary steps, sanctions or warnings) for absenteeism, non-cooperation, repeat offenses, etc.
 - 4) Describe your process for communicating unsuccessful discharge (termination) to the referring court and the victim.
 - 5) Describe your policy on accepting perpetrators who have been terminated from prior groups at your program or other programs.
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6.0 PROGRAM STAFFING

- a. Staff employed by the batterers' treatment program must be violence-free in their own lives. No program shall hire an individual who has been a perpetrator of domestic violence unless the program director is satisfied that the potential staff member has successfully completed a certified batterers' treatment program and has remained violence-free for a reasonable period of time as determined by the program.
- b. Staff employed by the batterers' treatment program must not use alcohol or drugs to an extent or in a manner that is determined to impair the individual's ability to function in a responsible, professional manner.
- c. Staff members employed by the treatment program shall have a background which is free of conduct that bears adversely on their ability to provide required services. Potential staff shall not have engaged in conduct resulting in a criminal conviction included in a relevant CORI (Criminal



Offender Record Information) report (see G.L. c.6 §167-178), or any other conduct, criminal or otherwise, deemed to impair the individual's ability to provide services.

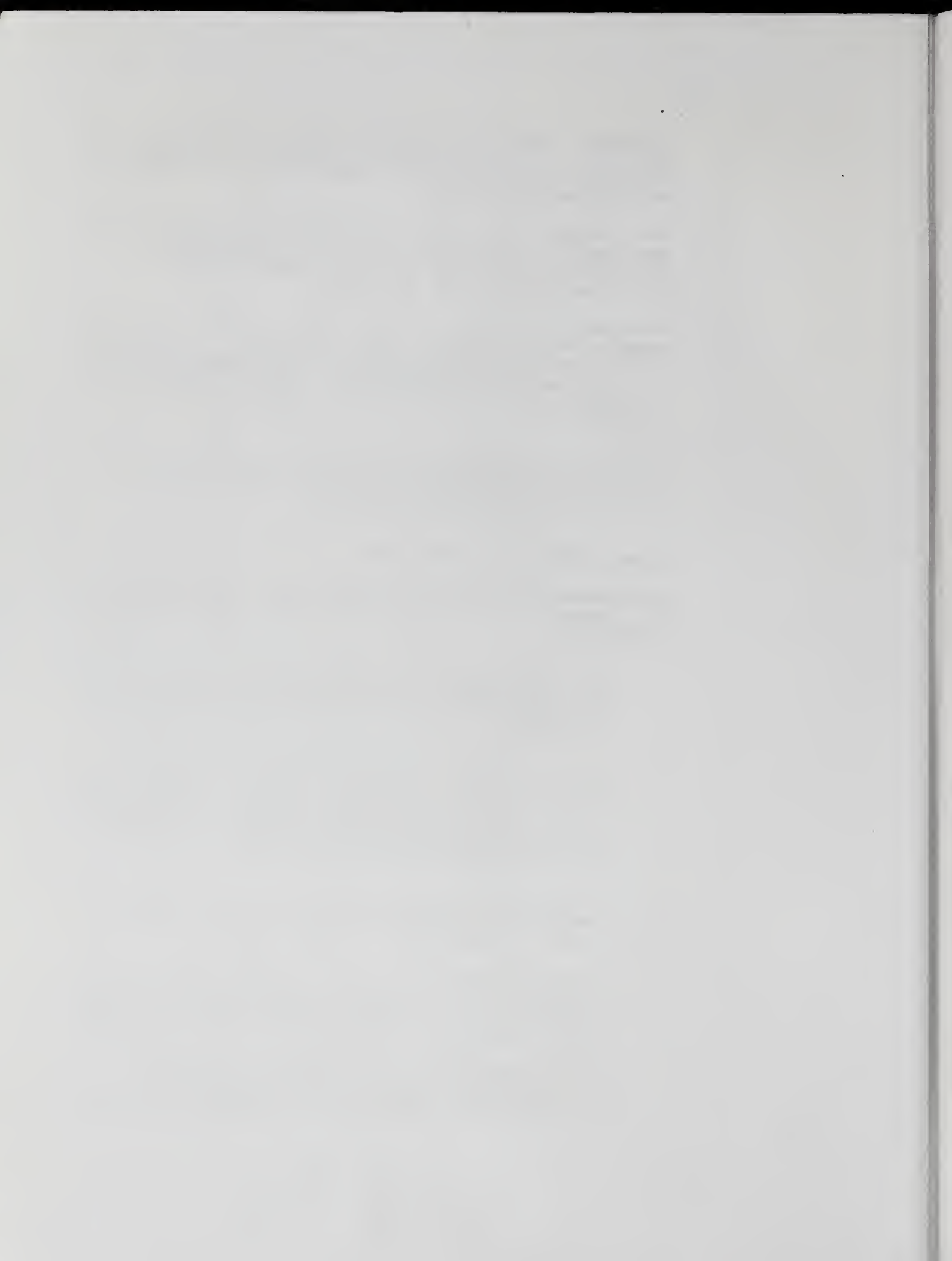
- d. The program shall provide orientation for all new employees to acquaint them with the program's philosophy, organization, treatment program, policies, procedures and goals.
- e. Treatment programs shall have staff who are reflective of ethnic and linguistic minorities within the communities served. Programs shall be linguistically accessible and culturally appropriate to communities of color in the geographic areas served.

Annually, staff must be trained on sexism, racism, homophobia and disabilities and their impact on violent attitudes and behaviors.

6.1 Staff Educational Standards

All persons providing intervention with perpetrators of domestic violence must meet the following criteria:

- a. All supervisory personnel shall have training and experience in working with perpetrators of, and adult and child victims of, domestic violence.
- b. Each program is required to have supervisory personnel with at least 3 years of experience working with victims and 3 years of experience working with perpetrators of domestic violence. The experience of no more than two persons may be counted toward this requirement.
- c. Each program is required to have at least one person in a supervisory position who has 3 years of experience in group facilitation.
- d. Each staff person shall have successfully completed a minimum of 24 hours of training in domestic violence and batterer treatment from a DPH-approved batterers' treatment program.
- e. The program shall provide ongoing staff training and regular, clinical supervision by staff with expertise in domestic violence.



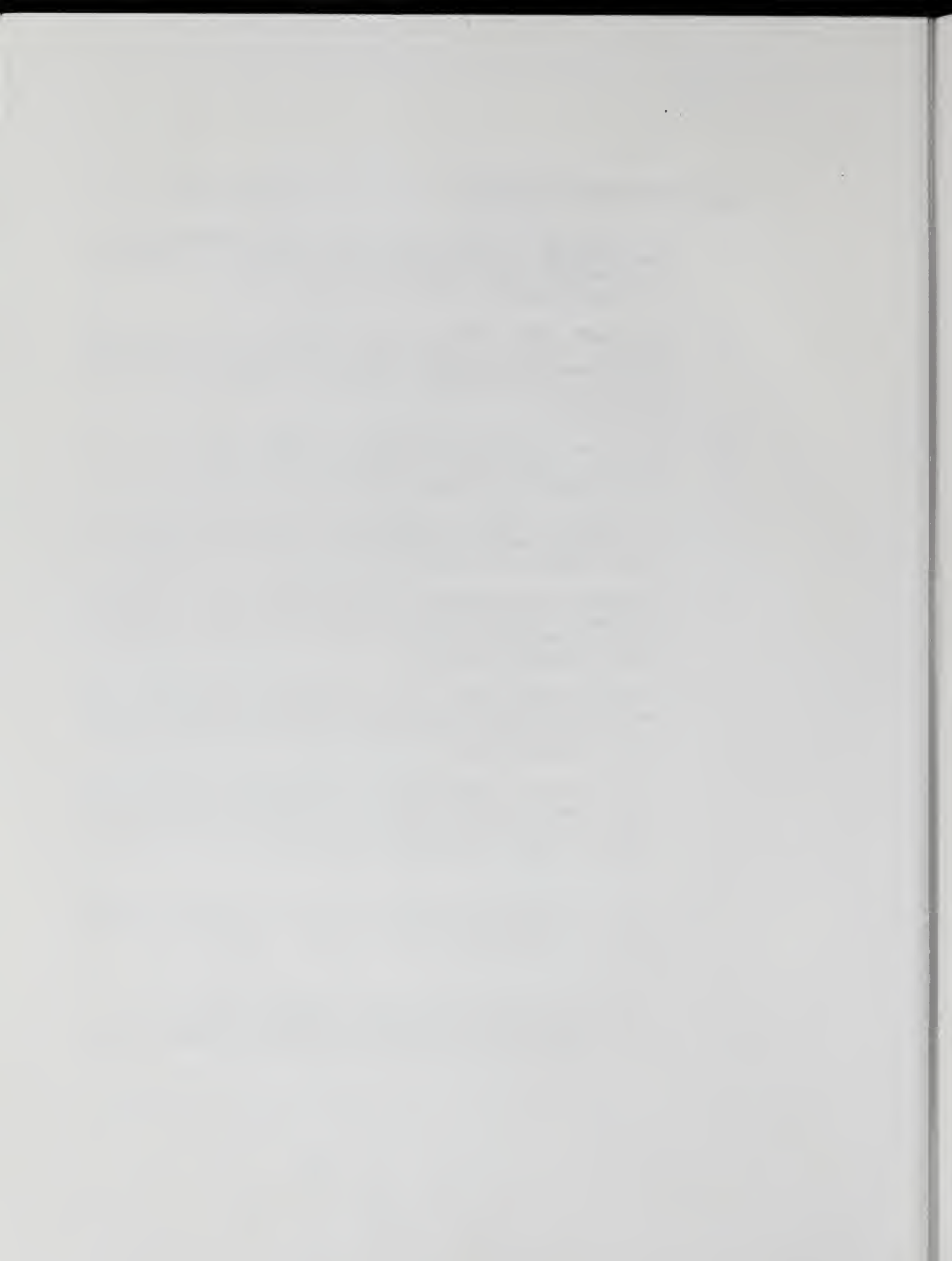
In your application, please:

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- 1) Describe your system for orienting new employees to the program's philosophy, organization, treatment program policies, procedures and goals. Attach any procedure and/or referral manuals used.
- 2) Describe the actual or proposed training for program staff in the areas of batterer treatment and domestic violence. Include a timeline for this training as well as information about who will provide it.
- 3) Describe actual or proposed plans for providing program staff with administrative and clinical supervision, including frequency of staff meetings.
- 4) Describe current or proposed in-service education on racism, sexism, homophobia and disabilities and their impact on violent attitudes and behaviors.
- 5) Describe each current and proposed staff position, including duties and responsibilities, required training and credentials, and other qualifications. Attach current resumes.
- 6) Describe how you will provide services for perpetrators whose primary language is not English. List the primary languages and cultural groups in your service area.

List current or proposed bilingual/bicultural staff positions and the ratio of these positions to the total agency staff make-up. Describe recruitment efforts for bilingual/bicultural and minority staff.

- 7) Describe how you determine that staff are violence-free in their own lives. How long must someone remain violence free before working in your program?
 - 8) Describe how you obtain CORI clearances in screening potential staff. Describe any other staff screening process your program uses.
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7.0 ADMINISTRATION AND FEE STRUCTURE

7.1 Treatment Program

- a. Each treatment program shall be an incorporated body with a governing board.
- b. Each treatment program shall provide physical, communication and programmatic access to persons with disabilities as needed. Each program shall have physically accessible facilities or a back-up plan to accommodate people with disabilities (eg. alternative site locations, TTY etc.).
- c. Each treatment program shall maintain open, cooperative working relationships and communication with other agencies, particularly those providing local services to battered women.
- d. Each treatment program shall establish a working relationship with the courts, particularly their probation and family service departments, as well as local police departments.
- e. Each court-mandated client shall sign a waiver of confidentiality upon entering the program. Such waiver shall, at a minimum, allow the treatment program to notify the victim and the court of the perpetrator's participation, noncompliance with, and completion of or termination from the program.
- f. Each treatment program shall have the responsibility to report to the court and/or the local police department continued acts or threats of violence reported by any offender who is court-referred into treatment under M.G.L. c.209A §3(i) or §7. Treatment providers have an obligation to warn the victim if the perpetrator of abuse poses an immediate and serious threat to the health or safety of the victim or childrer. Treatment providers shall inform the victim of options, and provide referrals to increase victim safety.
- g. Each treatment program shall clearly document efforts to report recurring violence (see 7.1.d.f.).
- h. Each treatment program shall work to develop a written agreement with its referring courts about procedures and sanctions to be used when the



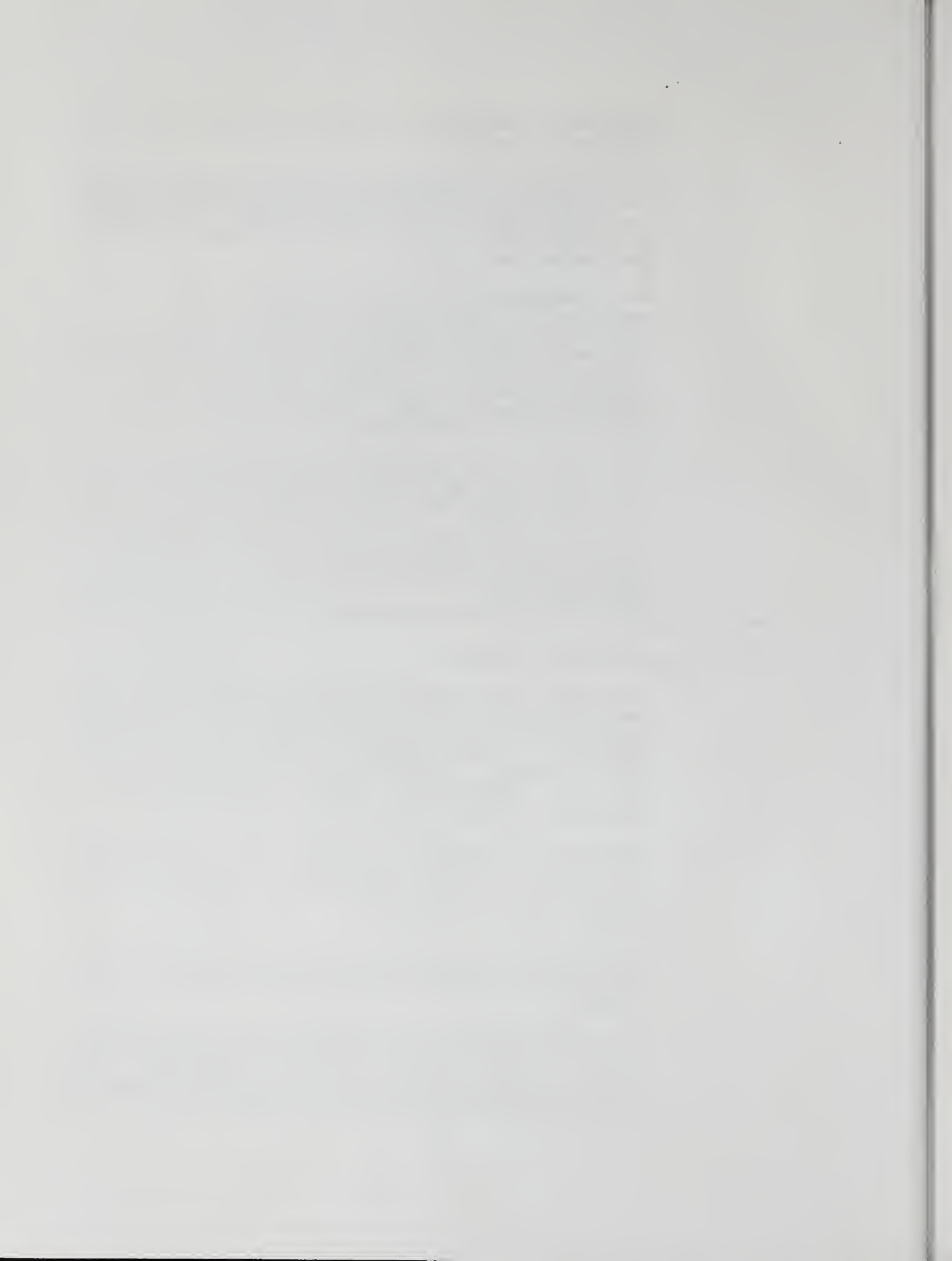
perpetrator reoffends or fails to comply with the treatment contract.

- i. Each treatment program shall inform the victim about the perpetrator's attendance at the program unless the victim requests not to be informed. The program must inform the victim if the perpetrator is not in compliance (see 7.1.e.).
 - j. Each treatment program shall maintain the confidentiality of victims, unless it is specifically waived by the victim, or there is reasonable cause to believe that the victim may be in imminent danger. Treatment programs shall not coerce victims to waive their confidentiality. Treatment programs shall inform victims of the limits to their confidentiality.
 - k. Files on victims are discouraged. If the program does keep files on victims, they should be maintained separately from the perpetrator's files.
 - l. Treatment providers must obtain CORI (Criminal Offender Record Information, M.G.L. c.6. ss 167-173 clearance for screening potential treatment staff.
-

In your application, please:

3-page limit

- 1) Describe your organizational structure and the responsibilities of the governing body. Attach an organizational chart and the names of current board members. If the program is located in a multi-service agency, indicate agency commitment to this work by describing agency mission, similar programs, and past experience in this area.
 - 2) Describe the program's physical, communication and programmatic access to persons with disabilities. If program is not accessible, describe back-up plans to accommodate perpetrators with disabilities.
 - 3) List program sites and hours of operation for each. Describe how staffing patterns are coordinate among sites.
 - 4) List the courts from which you receive referrals. State the number of restraining orders 139As filed in your service area in 1989 and 1990. Attach a map that clearly delineates your service
-



Attach a map that clearly delineates your service area.

- 5) Describe your working relationships and communication with local battered women services, courts, police departments and human service agencies. Attach letters of support and/or affiliation agreements.
 - 6) Describe your confidentiality policy for perpetrators. Attach copies of waiver forms allowing contact with the victim and the court.
 - 7) Describe your process for developing agreements with referring courts regarding procedures and sanctions to be used when the perpetrator reoffends or fails to comply with the treatment contract.
 - 8) Describe your process for notifying the victim, the court and/or the local police of continued acts or threats of violence by the perpetrator. Describe how you explore safety options with victims and how you document reports of recurring acts and/or threats of violence.
 - 9) Describe your process for communicating with the victim about the perpetrator's attendance or noncompliance with the program and procedures.
 - 10) Describe your policy and procedures regarding victim confidentiality and record-keeping.
-

7.2 Fee Structure

Each treatment program must have a clearly defined payment policy including provisions for indigent clients. Perpetrators are expected to contribute to the cost of treatment. M.G.L. c.209A, §.3 provides that "to the extent possible, the defendant shall be responsible for paying all costs for court-ordered treatment."

- a. A fee for the intake and evaluation phase of the program may be charged separately from the fees for subsequent treatment.
- b. Fees for group treatment may be a sliding scale, based on a perpetrator's ability to pay, thus enabling the perpetrator to afford treatment.

The Department of Public Health may develop further guidelines regarding a minimum/maximum fee schedule which recognizes both the perpetrator's ability to pay and the necessity of programs to meet overhead expenses.

- c. Indigent clients may negotiate a deferred payment schedule, but shall pay a nominal fee for treatment at the discretion of the treatment provider.
 - d. Payment of the fee may be made a condition of probation. The fee must be paid during the term of probation.
-

In your application, please:

1-page limit

- 1) Indicate your fees for intake, evaluation and treatment.
 - 2) Attach your sliding fee scale if you use one.
 - 3) Describe your provisions for indigent perpetrators.
 - 4) Describe your procedures for collecting and monitoring payment.
 - 5) List other revenue sources for this program if any.
-

8.0 PROGRAM MONITORING AND ASSESSMENT

Pursuant to St. 1990, c.403 §16, "the department of public health shall certify and monitor batterers' treatment programs according to the standards established and promulgated by the Commission."

- 3.1 The Department of Public Health shall develop application criteria based on promulgated standards.
- 3.2 The Department of Public Health shall determine the length of program certification.
- 3.3 The Department of Public Health shall monitor programs for compliance with certification standards.

8.4 Recognizing confidentiality limitations, treatment programs certified by the department agree to cooperate with the department or the court in any evaluation process designed to assess compliance with standards, the cessation of the domestic violence, the recidivism of perpetrators, or other relevant topics.

8.5 The program shall establish a system for collecting statistical data and for reviewing this data in the future planning for the program. An organized system of data collection will provide the program with information needed to determine the type of participant best served by the program and any trends in referral and intake. DPH staff should participate in identifying information needs, and guidelines should be established concerning the security of information on program participants.

The following information must be collected and reported by programs, semi-annually:

Referrals

Number by court

Race, ethnicity, sex, primary language, gender and age of perpetrators

Perpetrators accepted into treatment

Number

Race, ethnicity, sex, primary language, gender and age

Successful Completion

Number

Race, ethnicity, sex, primary language, gender and age

Unsuccessful Discharge

Number

Race, ethnicity, sex, primary language, gender and age

8.6 Each program shall establish contact with battered women's shelters and other domestic violence programs for the purpose of inviting monitoring, networking, information sharing and support. An interchange of statistical data with

other batterers' treatment programs, battered women's programs, and other allied services is suggested to assist all agencies in planning for future needs, standardizing terminology, and sharing pertinent data on individual participants and programs.

8.7 Batterers' treatment programs should make provisions in both budget and program operation for periodic, independent evaluations. The evaluations should encompass actual program operations and written goals and objectives, as well as a cost analysis and the related effectiveness of those costs.

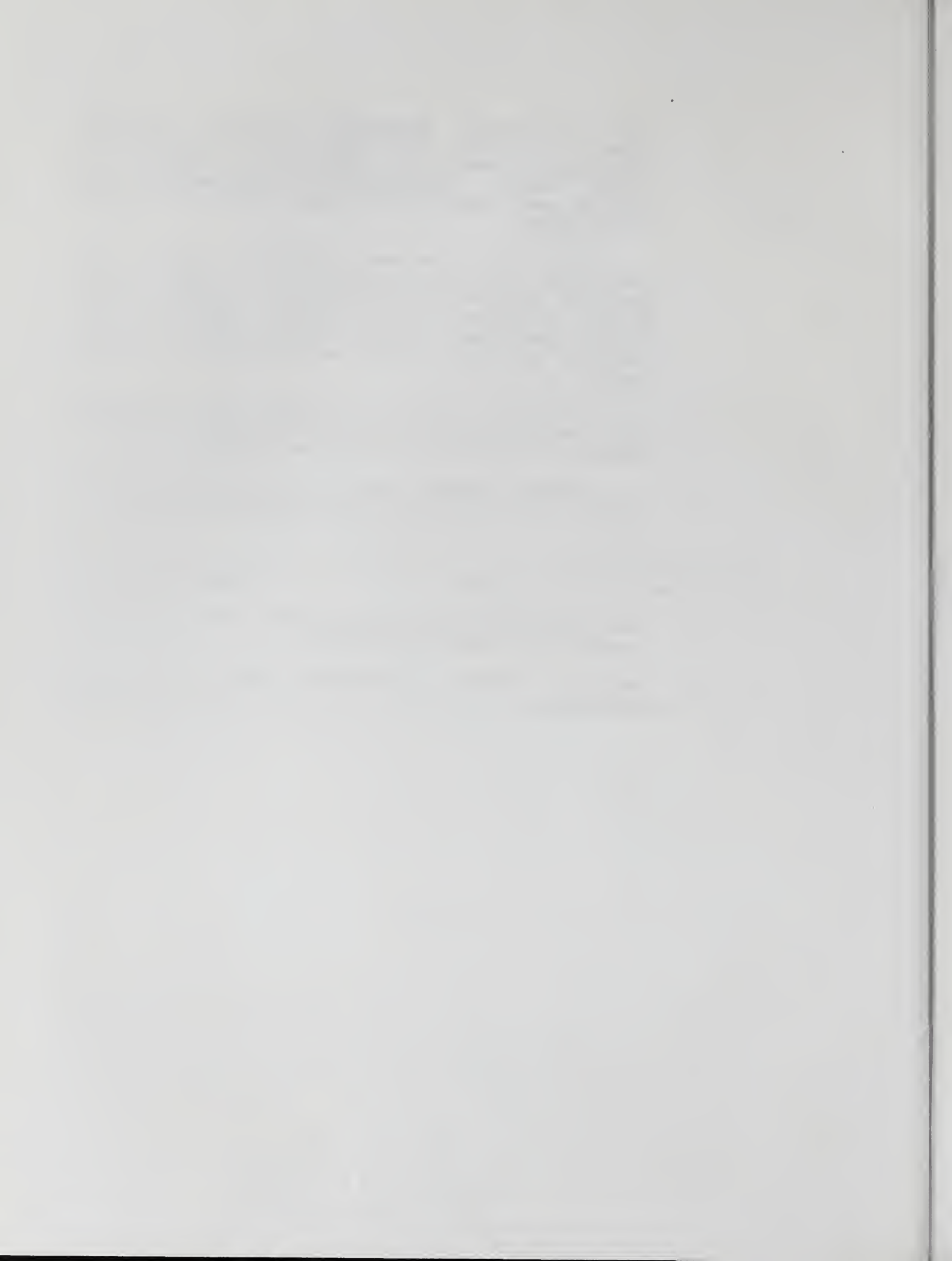
8.8 Batterers' treatment programs shall recognize their responsibility to educate the community about domestic violence and its consequences.

8.9 DPH may develop additional guidelines and may change these guidelines as it deems appropriate.

In your application please:

1-page limit

- 1) Describe any current or proposed data collection system to be used by program.
 - 2) Describe current or proposed program evaluation methods.
-



File # 8432

FY 19 93

AMENDMENT # 1

TO

CONTRACT BETWEEN

THE DEPARTMENT OF PUBLIC HEALTH

AND

Maxine Schuster

Pursuant to Section 32. Amendments, the above captioned contract is amended, effective September 28, 1992, to read as follows:

Reference Section 3, Duration of Agreement

Delete the termination date of 6/30/93
and substitute the date of 9/28/92

Reference Section 6, Compensation (Services)

Delete the maximum sum of \$40,682.00
and substitute the amount of \$10,117.10

Delete the hourly rate of _____
and substitute the hourly rate of _____

Reference Section 6, Compensation (Travel)

Delete the maximum sum of \$1,000
and substitute the amount of \$ 35.00

Reference Section 7, Maximum Obligation

Delete the sum of \$41,682.00
and substitute the amount of \$10,117.10

DEPARTMENT OF PUBLIC HEALTH

James H. Hill, Assoc. Comm.,
Management & Resources

Date

Maxine Schuster
CONTRACTOR

10/19/92
Date

File # 8432

FY 19 93

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Delete the termination date of 6/30/93
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Reference Section 6, Compensation (Services)

Delete the maximum sum of \$40,682.00
and substitute the amount of \$ 10112.10 ✓

Delete the hourly rate of _____
and substitute the hourly rate of _____

Reference Section 6, Compensation (Travel)

Delete the maximum sum of \$1,000
and substitute the amount of \$ 0 ✓

Reference Section 7, Maximum Obligation

Delete the sum of \$41,682.00
and substitute the amount of \$ 10112.10 ✓

DEPARTMENT OF PUBLIC HEALTH

M.S.
CONTRACTOR

James H. Hill, Assoc. Comm.,
Management & Resources

Date

Date

